

## COMMENTARY

# Social Inclusion in North Sydney LGA

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### Introduction

Social exclusion in the North Sydney local government area has increasingly become a matter for concern in the last decade. In 2005/2006 local government community service referrals indicate that there were growing numbers of people living on their own with little contact or engagement with community services and social activities. It was also suggested that older people at risk of social exclusion were living in poor housing conditions and experienced serious health issues. The ABS 2006 census data highlights that the North Sydney Council area has a significantly larger number of people living on their own (33%) compared to the rest of New South Wales (22%).

This paper will present a number of different perspectives of social exclusion and consider why people in North Sydney become isolated. It will provide a brief analysis of existing programs designed to reduce social isolation and where they fit in the service system by using case studies of people who have been identified as at risk of becoming socially isolated in the North Sydney area. We will evaluate the case studies and provide several policy recommendations.

### Definitions

Contemporary Australian citizenship resembles a set of mutual claims within a contract between individuals and the government. The contract involves 'fierce contestation' over the control of substantial resources between a diverse range of 'insiders' and the state and commonwealth governments (Tilly 1997: 600). The motivation and capacity of citizens to engage in the contest for resources and status is an important aspect of membership and participation.

When citizens are unable or unwilling to engage in the contest for resources their membership status can be questioned. Social exclusion is the outcome of people or communities suffering from a range of problems such as unemployment, low incomes, poor housing, crime, poor health and disability and family breakdown. In combination, these problems can result in cycles of poverty, spanning generations and geographical regions. The Australian Council of Social Service (2008) suggests that poverty (a lack of the essentials of life usually measured on the basis of incomes below poverty lines) and social exclusion are related concepts. For example, people who lack employment are more likely to experience both poverty and social exclusion. Poverty reduction targets often play a central role in the design of national social inclusion policies. The risk of social exclusion is much higher in 'locations' where financial hardship, low levels of social capital and social exclusion reinforce each other. Definitions of social isolation and exclusion can be abstract but have also been used to describe the lack of civil, political and social rights of citizenship. For example, the Australian Labor Party's social inclusion policy describes social inclusion in the following terms.

To be socially included, all Australians need to be able to play a full role in Australian life, in economic, social, psychological and political terms. To be socially included, all Australians must be given the opportunity to: secure a job; access services; connect with others in life through family, friends, work, personal interests and local community; deal with personal crises such as ill health, bereavement or the loss of a job; and have their voice heard (Gillard and Wong 2007).

### **Social isolation**

Academic interest in social isolation has increased in the last 10-15 years. Research has been undertaken on the causes of social isolation and on the types of social programs and activities that can be undertaken to promote social inclusion. It is widely accepted that there are many causes of social isolation, connected with the aging process including loss of family, loss of life partner, loss of mobility and the onset of serious physical/mental illness. More generic reasons can be the loss of or limited financial resources, loss of housing or the demise of social networks, for example the demise of a Comrades Association due to declining health and membership. There is recognition that in many situations there is correlation between social exclusion and poor health.

Social isolation tends to be linked with responses such as improved promotion and resourcing of existing community programs. As poor health is viewed as a major consequence of social isolation there is also a strong association with the funding and resourcing of wellbeing programs by local councils and neighbourhood houses. The role of new technology such as personal computers and the Internet in this process is yet to be fully evaluated (Willis and Tranter 2006).

There has been less research on self-determined isolation as a result of a conscious decision not to participate in programs, services or activities. Self determined social isolation is often missed, labelled as unsocial behaviour or depression by community workers and health professionals. Often it can be caused by a dislike of service rules and regulations and the limitations of the services and

activity offered (Russell and Schofield 2000). The tension between an individual's freedom to accept or refuse a service and the agency and governments desire to promote social inclusion was noted by the authors in a previous paper, which examined the role that direct payments could have in promoting social inclusion (Donoghue and Taylor 2010). When considering self determined social exclusion it is important to identify individual informal networks and social activities that may not be obvious or explicit at assessment due to a reluctance to provide that information.

### **Local inclusion programs**

Several Sydney councils have been very active in trying to reduce the numbers of people living in social isolation. Since 2005 North Sydney Council has been active in both the local and regional social isolation working parties with Home and Community Care workers (Northside Community Forum). North Sydney has implemented a number of initiatives via council community programs and support for local community centres. More recently the council has produced a short training video for volunteers who work in community services. Entitled the *Point of Contact* it was aimed at providing volunteers with basic information that would allow them to recognise a situation where someone was in danger of becoming socially isolated or excluded. In late 2011 North Sydney Council also undertook group travel training for people who were interested in using public transport but were unsure or anxious about using the public system.

*Crows' Nest Community Centre* has developed programs aimed at working with local people who are at risk of becoming socially isolated or excluded. In 2011 the Community Centre set up a self-directed social outing program for older single men. The aim of the program was to allow older men to make the decision on where they would like to go. In conjunction with the Council, Crows' Nest staff has started a local boarding house visiting scheme that will establish contact with people who fit within the HACC guidelines. It also runs one of three computer clubs for older people in North Sydney. The Neutral Bay Seniors and the University of the Third Age also provide assistance to older people wishing to learn more about computers in North Sydney.

The *Kirribilli Neighbourhood Centre* is a major point of contact for people who are isolated. It runs a number of programs including a community library and community cafe on Fridays. Client visits are encouraged and a room with comfortable chairs and open access to the garden makes it a friendly setting. The Neighbourhood Centre's location near to public transport options, make it an easy place to access. In Neutral Bay the traditional seniors' centre has changed to become more of a community drop-in centre and contact point for isolated people to network, use a computer or have a cup of tea.

The North Sydney Men's Shed supported by Uniting Care and North Sydney Council has been operating since 2005. It has been very successful in attracting and encouraging many older men to re-engage with the local community and access information on health issues. The Home Library service run by the Stanton Library provides a book exchange for people who are unable to travel to the library because of limited mobility. Service delivery is dependent on the use of volunteers and the library's capacity to deal with individual needs is limited. However, the library provides a major point of contact for many single people who can or will not access other community facilities or services.

The Lower North Shore Community Transport (LNSCT) service has played a major role in providing flexible and responsive transport for people who are unable to use mainstream private and public transport. The provision of flexible transport with support can make a huge difference to socially isolated people and provides them with a real opportunity to attend public services or facilities. LNSCT is examining a range of strategies to make its transport more flexible and responsive to individual needs.

### **Case studies**

In the North Sydney area there have been a number of individual circumstances reported by concerned neighbours, volunteers or community service providers regarding people living in social isolation and exclusion. In some instances the first contact with the person has been incidental. Initial assessments suggested that all the referrals would achieve high scores on the various indicators of risk of social isolation (North Sydney Council 2009).

Briefly summarised in Table 1 are a number of case studies that illustrate the different circumstances of people who have been flagged as being 'at risk' of becoming isolated or disengaged from community life, and the social activities and community participation that has occurred since the initial contact. Of the eight people identified at the start of this project half the people have made a conscious decision to reengage and participate in the local community.

In an analysis of eight people who were reported to be 'at risk' of becoming isolated, seven people were aged over 60 years. There is a strong correlation between poor health and those who are at risk of becoming isolated, as six of the eight people 'at risk' were known to be in very poor health with ongoing health concerns. Four people had a diagnosed mental illness.

All eight people did have some contact with health services and doctors but only three were using HACC services. In terms of their housing circumstances, four people lived in public housing, three people in private rental accommodation and one person was housed in a boarding house.

Overall people at risk of becoming isolated seemed responsive to trying new services and activities outside the formal service system. Six people had maintained an outside interest. Four people had contact with the Kirribilli Neighbourhood Centre (KNC). Two had attended community meetings in the last 12 months and two had expressed an interest in taking part in a bushwalk program based at KNC. Four people were known to use a computer on a regular basis.

Table 1: People flagged as being 'at risk' of social isolation (2008-2011)

Age and Gender	House and health Circumstances	Known use of formal services	G P /Health Service use	Activities/community participation in last 12 months
Male 80+	Lives alone in public housing. Limited contact with family and neighbours Health and living conditions poor.	Crows' Nest Centre KNC Council No HACC service in use	Some visits to Doctor because of Previous serious illness	Joined local computer club and has now purchased computer and uses it for emails writing and photographs. Does not leave house very often
Female 60+	Lives alone in private unit. Limited mobility Very limited contact with friends and family	Council Community Transport	Occasional visit to doctor and library.	Retrained membership of local committees and keep up interest in local issues. Attends a number of community meetings
Male 65+	Lives alone in public housing Health poor Mental health (anxiety)	KNC drops in No HACC service in use	Occasional visit to doctor	Has kept contact with KNC and drop in. Uses computer.
Male 60 +	Lives alone in Public housing. Poor mental health (Depression)	KNC No HACC service use	Occasional visit to psychologist	Has kept contact with KNC cafe on a Fridays. Uses computer. Has attended one bush walking session
Female 90+	Lives in poor conditions with son. Left on her own for long periods of time. Health poor . Limited mobility	Local church HACC services used in past	ACAT and doctor For full assessment Hospital	Referred to carer centre.
Male 40+	Unemployed Lives in boarding house No family and very limited contact with friends		Occasional visit to doctor	Has kept contact with KNC cafe on a Fridays and does volunteer work. Uses computer. Member of local Community group attending meeting
Female 60+	Lives alone, some part time work. Health poor (Depression)	No HACC service in use	Occasional visit to doctor for prescriptions	Encouraged to use Crows' Nest Centre. Uses computer to keep contact with friends
Male 65+	Lives alone in Public housing Suffers from anxiety Physical health poor	KNC HACC services used	Regular visits to doctor	Some contact with KNC. Expressed an interest in bush walking program but not yet attended an outing

Data source: North Sydney Council 2011

## Conclusions and recommendations

The circumstances of the eight people described in this paper suggest that old age and poor health are both major risk factors in becoming socially isolated or excluded in North Sydney. People living in social housing appear to be over represented in this small sample. It should also be recognised that on some occasions, people make rational decisions to withdraw from their community for a whole range of reasons, such as fear, grief, or trauma.

There is a wide range of social programs and services for people at risk of social isolation in most urban areas. The services range from formal HACC funded services, Homecare and Community Transport to drop in facilities such as the Kirribilli Neighbourhood Centre. Overall these services have a significant impact on maintaining engagement in their local community. However there is still a need for greater flexibility in the delivery of social services.

To keep people engaged in the local community requires a greater awareness by service providers at the first point of contact with members of the community. Often when people are assessed their informal interests and activities are seen as peripheral and in some cases even housing or health status is not gauged if that is not the focus of the assessment. The knowledge and pursuit of informal interests can be the springboard to re-engaging older and younger people with the wider community. People need to be encouraged to pursue informal networks and community groups as it assists with civic engagement and participation in the wider community.

The role of new technology is yet to be fully evaluated. Four people in the qualitative sample of people 'at risk' of social isolation were using computers to maintain contacts and networks in the local community. Advances in information technology will increasingly allow people to converse via video link without having to travel. The impact on reducing social isolation and promoting engagement and surveillance may well be significant.

## References

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## Appendix

RISK INDICATORS	(TICK)
1a. Lack of contact with significant others 1b. Loss of significant others.	
2a. Lack of participation in community activities. 2b. Lack of contact with local shops (shopping). 2c. Lack of hobbies and interests (as a form of social network). 2d. Loss of language, culture, religion. 2e. Relocation / change of local demographics.	
3a. Lack of access to formal services. 3b. Lack regular visits to doctor /health care providers.	
4a. Lack of access to transport (Public or community).	
5a. Poor living conditions.	